2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068371

Entity Name: CELLMEDIX, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	FETY ST., STE S, FL 33908	108			
Current Mailing Address:			New Mailing Address	::	
	FETY ST., STE S, FL 33908	108			
FEI Number:	: 20-2887146	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
LICH, BRY 500 KEEN FT MYERS		US			
	named entity see of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDT () LICH, BRYAN V 500 KEENAN A FT MYERS, FL	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () LICH, TARA L 500 KEENAN A FT MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () RALEY, RICK 418 EMPIRE FO TUCKER, GA 3		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN V. LICH PDT 07/05/2007